

APPLICATION FOR INACTIVE STATUS

GEORGIA BOARD OF DENTISTRY

2 Peachtree Street, N.W.

36th Floor

Atlanta, Georgia 30303

www.gbd.georgia.gov

Please read the instructions carefully and be familiar with the **laws and rules** governing the practice of dentistry in the State of Georgia. Visit the following web site for information:
www.gbd.georgia.gov

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.

Please review this application before you submit it to ensure that all information and documentation is complete and correct.

A LICENSE MUST BE IN AN “ACTIVE” STATUS BEFORE APPLYING FOR “INACTIVE” STATUS. IF YOUR LICENSE HAS “LAPSED” AND YOU WANT TO APPLY FOR “INACTIVE” STATUS, YOU MUST FIRST APPLY FOR REINSTATEMENT. ONCE YOUR LICENSE HAS BEEN APPROVED FOR REINSTATEMENT YOU CAN APPLY FOR “INACTIVE” STATUS.

Please review the following rule of the Georgia Board of Dentistry:

150-3-.07 Inactive Licensure Status. Amended.

In accordance with Chapter 295-15 of the Rules and Regulations of the Joint Secretary regarding Inactive Status Licensing, a licensee may apply for inactive licensure status under the following conditions:

- (a) A dentist or dental hygienist licensed in the state of Georgia may apply to the Board for inactive status by submitting the required form and paying the proper fee, where the licensee has either:
 - 1. reached the age of 60 and is retired from the active practice of dentistry or dental hygiene; or
 - 2. has become disabled and unable to practice dentistry or dental hygiene.
- (b) A licensee granted inactive status is exempt from the payment of the biennial renewal fee and continuing education requirement.
- (c) A person holding an inactive license may not practice dentistry or dental hygiene in this state.
- (d) A licensee may, in the discretion of the Board, have any inactive license restored by:
 - 1. filing the required application and paying the proper fee;
 - 2. providing documentation from a physician or physicians licensed in the State of Georgia that establishes to the satisfaction of the Board that the applicant is able to practice with reasonable skill and safety to patients;
 - 3. providing documentation demonstrating current Cardiopulmonary Resuscitation

("CPR") certification;

4. fulfilling any remedial requirements deemed necessary by the Board as a condition precedent to the licensee resuming his or her practice of dentistry or dental hygiene; and
5. appearing before a Committee of the Board upon request.

(e) In considering any application for restoration under this Rule, the Board may require that an applicant for restoration of an active license execute releases necessary to obtain documentation of the applicant's complete medical history; the Board may also require the applicant, at his or her own expense, to undergo further examination by physicians designated by the Board.

(f) As a condition precedent to a license being restored, after 5 years have passed without the applicant being actively engaged in the practice of dentistry or dental hygiene, the Board, in its discretion, may require passage of an examination administered by the Georgia Board of Dentistry or a Regional Testing Agency designated and approved by the Board.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Do Not Write In This Section:

Receipt#: _____
Amount: _____
Applicant #: _____
Initials/Date: _____

GEORGIA BOARD OF DENTISTRY

Address: 2 Peachtree Street, N.W., 36th Floor, Atlanta, GA 30303
Telephone #: (404) 651-8000
Fax #: (678) 717-6694
Website: www.gbd.georgia.gov

Application For Inactive Status

Application Fee of \$50 Dentist / Application Fee of \$25 Dental Hygienist

Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. § 16-9-20.

Name As It Appears On License: _____

License Number: _____

Social Security Number: _____ Date of Birth: _____

Physical Address: _____
Street City State Zip

Mailing Address (if different): _____
Street City State Zip

Telephone Number: _____ Alternate Telephone Number: _____

Email Address: _____

Affidavit: I hereby attest that I am currently the holder of the dental/dental hygiene license listed above and request that this license be placed on inactive status. While on inactive status, I will not in any way indicate or imply that I hold an active Georgia license or that I am practicing as a dentist/dental hygienist.

Date: _____ Signature of Licensee _____

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public _____

Notary Seal

My Commission Expires: _____

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CONSENT FORM

I hereby authorize the Georgia Board of Dentistry ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

City, State, Zip

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

☐ This authorization is valid for 90/180/____ (circle one) days from date of signature.

☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled

____ Working with elder care

____ Working with children